

## Universities and Colleges

### UNIVERSITY OF OXFORD

Sir Howard Florey, F.R.S., has been appointed the representative of the University on the governing body of the Lister Institute of Preventive Medicine.

Dr. A. G. McD. Weddell has been appointed delegate of St. Catherine's Society on the Hebdomadal Council.

In Congregation on August 1 the degree of B.M. was conferred on N. F. Brooks, J. W. Pearson (in absence), and Josephine Bradford (in absence).

### UNIVERSITY OF CAMBRIDGE

The following appointments are announced: Dr. D. H. M. Woollam, University Lecturer in Anatomy; Dr. G. F. Roberts and Dr. B. M. Herbertson, University Lecturers in Pathology; Dr. A. P. Waterson, University Demonstrator in Pathology; and Dr. R. A. Parker, University Assistant Pathologist to Addenbrooke's Hospital, all with tenure from October 1, 1953, for three years.

In Congregation on August 1 the following medical degrees were conferred:

M.D.—\*D. O'Brien, E. J. Holborow, B. H. Vawdrey, J. Gloster, E. G. Pyn, L. D. Osler, F. J. Y. Wood.

M.B., B.CHIR.—\*P. M. O. Massey, W. B. Hepburn, E. D. Williams, Mrs. Esther S. Kerr.

\*By proxy.

### UNIVERSITY OF LONDON

Sir Archibald Gray has been reappointed a Crown Member of the Court of the University for a further period of five years from October 1, 1953.

The following have been nominated, appointed, or reappointed as representatives of the University on the governing bodies indicated in parentheses: Sir Archibald Gray, Dr. C. F. Harris, and Dr. Andrew Topping (British Postgraduate Medical Federation); Sir James Paterson Ross (Guy's Hospital Medical School); Professor Dorothy Russell (Institute of Ophthalmology); Dr. H. B. May and Professor H. R. Robinson, F.R.S. (Queen Mary College); Dr. M. I. A. Hunter and Professor J. Whillis (Royal Dental Hospital of London, School of Dental Surgery); Professor J. Z. Young, F.R.S., and Mr. E. G. Slesinger (St. George's Hospital Medical School); Professor W. C. W. Nixon (St. Mary's Hospital Medical School); Mr. J. P. Hedley (St. Thomas's Hospital Medical School); Sir Charles Harington, F.R.S., and Sir Archibald Gray (University College Hospital Medical School); Professor R. Hare (Wright-Fleming Institute of St. Mary's Hospital Medical School); Professor R. V. Christie (Inter-university Council for Higher Education in the Colonies).

The following have been recognized as teachers of the University in the subjects indicated in parentheses: *St. Thomas's Hospital Medical School*, Dr. J. G. Bourne (Anaesthetics); Dr. J. M. Tanner (Physiology). *St. Bartholomew's Hospital Medical College*, Mr. I. M. Hill (Surgery). *Royal Free Hospital School of Medicine*, Mr. J. C. R. Hindenach (Orthopaedics). *London Hospital Medical College*, Mr. J. E. Richardson (Surgery). *St. Mary's Hospital Medical School*, Dr. H. L. Thornton (Anaesthetics); Dr. W. F. Widdas (Physiology). *University College Hospital Medical School*, Mr. H. R. I. Wolfe (Surgery). *University College*, Dr. D. H. L. Evans (Anatomy). Dr. D. N. Baron has been granted probationary recognition for two years from July, 1953, as a teacher of pathology (chemical pathology) at Middlesex Hospital Medical School.

The title of Professor Emeritus of Physics in the University has been conferred on Professor H. R. Robinson, F.R.S.

The following candidates have been approved at the examinations indicated:

M.D.—*Part I*: Marion M. Ashforth, Marie J. Bouton, W. Brumfit, P. H. Connell, H. Foster, P. Glasman, J. F. Horley, P. J. Koblenzer, F. H. Lumb, T. G. Paxon, J. C. Pond, H. R. C. Riches, J. J. Segall, B. Strickland.

M.S.—*Part I*: C. I. Cooling, E. L. John.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Faculty held on September 7, with Dr. Andrew Allison, President, in the chair, E. Armitage and S. Sachdev were admitted Fellows of Faculty *qua* physician and R. S. Cowie was admitted a Fellow of Faculty *qua* surgeon.

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending November 7 (No. 44) and corresponding week 1952.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1953					1952				
	Eng. & Wales	London	Scot.	N. Ire.	Eire	Eng. & Wales	London	Scot.	N. Ire.	Eire
Diphtheria .. ..	18	2	7	0	1	29	3	12	1	
Dysentery .. ..	358	71	206	1	1	413	18	95	0	
Encephalitis, acute ..	10	1	1	0		2	1		0	
Enteric fever:										
Typhoid .. ..	3	0	1	0	1	8	1	0	1	
Paratyphoid .. ..	9	4	0	0	1	7	21	(B)	0	
Food-poisoning .. ..	138	16		0		85	7		0	
Infective enteritis or diarrhoea under 2 years .. ..				15					11	22
Measles* .. ..	1,030	31	25	14	49	11,223	1252	154	51	63
Meningococcal infection .. ..	21	2	12	0		34	3	19	4	1
Ophthalmia neonatorum .. ..	26	2	4	0		38	3	10	0	
Pneumonia† .. ..	506	33	153	3	3	575	48	292	1	1
Poliomyelitis, acute:										
Paralytic .. ..	60	1				65	3			
Non-paralytic .. ..	34	3	16	3	8	21	1		6	2
Puerperal fever§ .. ..	205	20	12	0	1	259	43	10	2	1
Scarlet fever .. ..	1,187	58	217	22	74	2,094	120	345	27	84
Tuberculosis:										
Respiratory .. ..			157	35				160	25	
Non-respiratory .. ..			22	10				20	4	
Whooping-cough .. ..	2,175	135	293	40	33	1,449	77	83	32	84

DEATHS in Great Towns	1953					1952				
	Eng. & Wales	London	Scot.	N. Ire.	Eire	Eng. & Wales	London	Scot.	N. Ire.	Eire
Diphtheria .. ..	0	0	0	0	0	0	0		0	0
Dysentery .. ..	3	1		0		1	1		0	
Encephalitis, acute ..		0			0	0				0
Enteric fever .. ..	0	0	0	0		0	0		0	
Infective enteritis or diarrhoea under 2 years .. ..	6	0	0	2	5	6	1	2	0	0
Influenza .. ..	14	2	1	0	0	11	0		0	0
Measles .. ..		0	0	0	1		1		0	0
Meningococcal infection .. ..		0	0				0			
Pneumonia .. ..	212	32	15	11	8	200	25			5
Poliomyelitis, acute ..	7	0	1		0	1	0			0
Scarlet fever .. ..		0	0	0	0		0		0	1
Tuberculosis:										
Respiratory .. ..	96	10	13	4	3	94	8	8	3	9
Non-respiratory .. ..		0	1	2	2		2	5	0	0
Whooping-cough .. ..	4	0	0	0	0	1	0		0	0
Deaths 0-1 year .. ..	195	21	21	7	29	211	19	37	7	8
Deaths (excluding stillbirths) .. ..	5,193	723	533	114	159	5,027	714	588	87	140
LIVE BIRTHS .. ..	6,950	985	833	185	398	7,212	1099	865	175	355
STILLBIRTHS .. ..	178	21	25			182	22	19		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

## Vital Statistics

### Trichinosis in Liverpool

Professor Andrew B. Semple, Medical Officer of Health for Liverpool, reports that up to the week ending November 21 some 68 cases of trichinosis had occurred in the Liverpool area over the previous two weeks. Eighteen of these patients have been admitted to hospital. Most of the cases are mild, but three patients are seriously ill. The source of the infection has been traced to a sausage factory in the city, and investigations are still proceeding to trace back the infection further. Nearly all the persons affected give a history of eating raw sausage meat. Further cases are still being found, and there is no evidence that new infections are occurring.

### Infectious Diseases

The largest variations in the notifications of infectious diseases in England and Wales during the week ending November 7 were increases of 188 for measles, from 842 to 1,030, and 108 for whooping-cough, from 2,067 to 2,175.

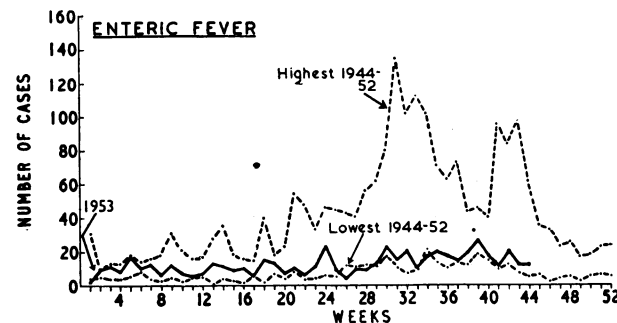
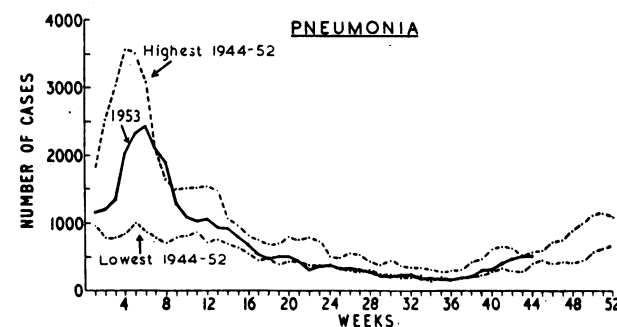
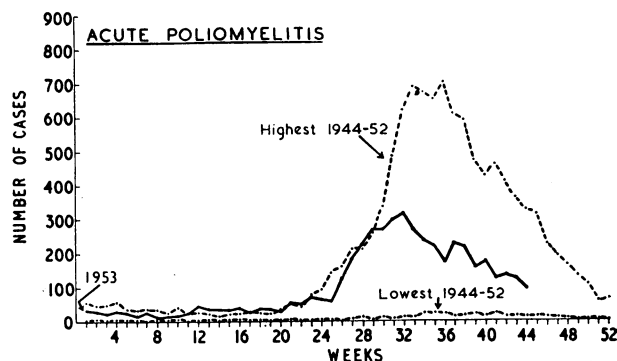
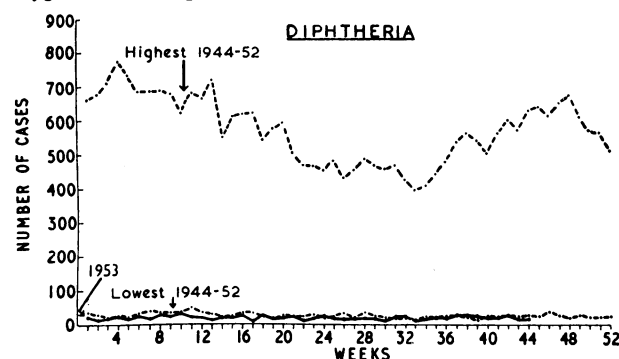
The largest rise in the incidence of measles was 73 in Cumberland, from 55 to 128, due to the outbreak in Workington M.B., where the cases rose from 51 to 121. The other large rises in measles were 42 in Lincolnshire, from 9 to 51 (mainly due to an outbreak with 32 cases in Horn-castle M.B.), 43 in Lancashire, from 205 to 248, and 36 in Yorkshire West Riding, from 64 to 100. The largest rises in the notifications of whooping-cough were 42 in Lancashire, from 216 to 258, 38 in Surrey, from 53 to 91, and 37 in London, from 98 to 135. 1,187 cases of scarlet fever were notified, being 39 fewer than in the preceding week; the largest decrease was 29 in London, from 87 to 58. The number of notifications of diphtheria was 18, the same as in the preceding week. The notifications involved nine counties, compared with only four in the previous week. The chief features of the returns were decreases in Staffordshire from 9 to 5 and in Lancashire from 7 to 2.

94 cases of acute poliomyelitis were notified; these were 28 fewer for paralytic and the same number for non-paralytic cases as in the preceding week. The largest returns were Lancashire 15 (scattered over 13 administrative areas); Wiltshire 9 (Calne and Chippenham R.D. 3, Highworth R.D. 3); Warwickshire 6; Yorkshire West Riding 6.

358 cases of dysentery were notified, 36 fewer than in the preceding week. The largest centres of infection were London 71 (Greenwich 12, Islington 10); Yorkshire West Riding 62 (Bradford C.B. 40); Lancashire 51 (Bolton C.B. 34); Yorkshire North Riding 28 (Middlesbrough C.B. 27); Essex 17; Middlesex 16.

### Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the nine years 1944-52 are shown thus -----, the figures for 1953 thus ————. Except for the curves showing notifications in 1953, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



### Week Ending November 14

The notifications of infectious diseases in England and Wales during the week included scarlet fever 1,400, whooping-cough 2,410, diphtheria 26, measles 816, dysentery 370, acute poliomyelitis 95, paratyphoid fever 1, and typhoid fever 1.

## The Services

The name of Captain M. A. Lerner, R.A.M.C., appears in a list of those mentioned in dispatches in recognition of gallant and distinguished services in Malaya, during the period January 1 to June 30, 1953.

The President of the U.S.A. has bestowed the decoration of Legion of Merit, Degree of Legionnaire, upon Surgeon Captain T. B. Lynagh, R.N., for distinguished services in operations in Korean waters.

The *London Gazette* has announced the following awards by the President of the U.S.A. in recognition of gallant and distinguished services during the operations by the United Nations in Korea:

*Legion of Merit, Degree of Legionnaire.*—Colonel G. Anderton, O.B.E., late R.A.M.C., (now R.A.R.O.).

*Bronze Star Medal.*—Captain H. I. Jory, R.A.M.C.

The *London Gazette* has announced the award of (a) the Army Emergency Reserve Decoration and (b) First Clasp to the Army Emergency Reserve Decoration to Major R. F. Lawrence, R.A.M.C., retired.

Surgeon Commanders R. I. Bence, D.S.C., R.N.V.R., C. K. Churches, and S. A. Sewell, R.A.N.R., and S. L. Townsend, R.A.N.V.R., and Surgeon Lieutenant-Commander J. R. H. Peat, R.N.V.R., have been awarded the Royal Naval Volunteer Reserve decoration.

**Wednesday, December 2**

EDINBURGH CLINICAL CLUB.—At Royal Hospital for Sick Children, Edinburgh, 4 p.m., clinical meeting. Dr. Margaret MacK. Methven: Case Conference in the Psychiatric Department.  
 INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Bullous Eruptions of the Skin.  
 INSTITUTE OF UROLOGY.—4.30 for 5 p.m., Mr. F. R. Kilpatrick: Tuberculosis of the Renal Tract.  
 MIDLAND MEDICAL SOCIETY.—At Birmingham Medical Institute, 8.15 p.m., Mr. A. Lawrence Abel: Present Position of the Cancer Problem.  
 PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—7.30 p.m., Professor A. D. Macdonald: Applied Pharmacology.  
 ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Sir Harold E. Whittingham: Hygiene and Sanitation in Aviation (illustrated).  
 SOCIETY OF PUBLIC ANALYSTS.—At Chemical Society, 7 p.m., Professor C. H. Gray: Recent Advances in Medical Chemistry.

**Thursday, December 3**

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. R. M. B. MacKenna: Scientific Approach to Dermatology.  
 CHADWICK TRUST.—At Wright-Fleming Institute of Microbiology, St. Mary's Hospital, 5 p.m., Malcolm Morris Memorial Lecture by Professor P. W. Windeyer: Radiotherapy in its Relation to Dermatology.  
 FACULTY OF HOMOEOPATHY.—At Royal London Homoeopathic Hospital, 5 p.m., clinical evening.  
 GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.—At Glasgow University Union, 7.30 p.m., Professor J. N. Davidson: A Biochemist Looks at the Cell.  
 HONYMAN GILLESPIE LECTURE.—At University New Buildings, Edinburgh, 5 p.m., Dr. E. B. French: Pigmentation.  
 INSTITUTE OF CHILD HEALTH AND INSTITUTE OF NEUROLOGY.—At National Hospital, Queen Square, W.C., 5.30 p.m., Dr. L. T. Hilliard: Mental Deficiency and Paralytic Syndromes.  
 INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—At Royal College of Surgeons of England, 5.30 p.m., Dr. Michael P. Ward: Ascent of Mount Everest: Medical Problems.  
 LIVERPOOL MEDICAL INSTITUTION.—8 p.m., Symposium: Pathology of Tuberculosis.  
 ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.30 p.m., otolaryngology lecture by Dr. Michael P. Ward: Ascent of Mount Everest: Medical Problems.  
 ST. ANDREWS UNIVERSITY.—At Physiology Department, Dundee, 5 p.m., Mr. V. E. Negus: Ciliary Action.  
 ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., Dr. Denis Williams: neurology demonstration.  
 SOCIETY OF CHEMICAL INDUSTRY: MICROBIOLOGY GROUP.—At Medical Society of London, 6.15 p.m., papers by Professor M. Stacey, D.Sc., F.R.I.C., F.R.S., Mr. A. E. James, B.Sc., A.R.I.C., Dr. F. Fletcher, Mr. A. R. Lockwood, B.Sc., A.R.I.C., and Mr. A. W. Wilkinson on Dextran.

**Friday, December 4**

HEBERDEN SOCIETY.—At Royal College of Surgeons of England, 3.30 p.m., Heberden Oration for 1953 by Sir W. Russell Brain: Spondylosis: The Known and the Unknown.  
 INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. R. T. Brain: Diseases of Children.  
 LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.—Professor Charles Wells: The Suprarenal Gland, its Surgical Significance in Health and Disease.  
 POSTGRADUATE MEDICAL SCHOOL OF LONDON.—4 p.m., film and commentary by Dr. R. G. Macfarlane: Marrow Puncture.  
 ROYAL MEDICAL SOCIETY, Edinburgh.—8 p.m., Dissertation by Mr. J. C. Guinard: Astronautical Medicine.  
 WHIPPS CROSS HOSPITAL MEDICAL SOCIETY.—8.30 p.m., debate, Motion: Corporal Punishment has no place in the Penal System of an Enlightened Society. Proposer, Mr. G. Benson, M.P.; Opposer, Dr. W. J. O'Donovan.

**Saturday, December 5**

MIDLAND TUBERCULOSIS SOCIETY.—At Birmingham Chest Clinic, Professor R. S. Pilcher: Bronchiectasis in Children.

**BIRTHS, MARRIAGES, AND DEATHS****BIRTHS**

**Roads.**—On November 13, 1953, at Shrewsbury, Salop, to Eve (formerly Daniel), wife of Peter Roads, M.D., a daughter—Gillian Mary.  
**Rugg-Gunn.**—On November 20, 1953, to Patricia, wife of Surgeon Commander M. A. Rugg-Gunn, M.D., M.R.C.P., R.N., a son.

**DEATHS**

**Barlet.**—On November 4, 1953, at the French Hospital, London, W.C., Jehan Meredith Barlet, M.D., of Putney, London, S.W.  
**Blunt.**—On November 10, 1953, at his home, Tyrrel Road, Chandler's Ford, Hants, Thomas Edward Blunt, M.R.C.S., L.R.C.P., Surgeon Captain, R.N., retired.  
**Cook.**—On November 10, 1953, at Malvern Mill, Blockley, Glos, Robert Haldane Cook, M.D., aged 87.  
**Graham.**—On November 6, 1953, Charles Lester Graham, M.B., Ch.B., J.P., of Netherby House, Wigan, Lancs, aged 67.  
**Henry.**—On September 11, 1953, in Barbados, British West Indies, Arthur Martin Henry, M.R.C.S., L.R.C.P., L.D.S., Surgeon Lieutenant-Commander, R.N., retired, late of Chelmsford and Burnham-on-Crouch, Essex.  
**Luce.**—On October 26, 1953, at her home, Milford, Surrey, Ina Marion Luce (formerly Clarke), F.R.C.S.I.  
**Shepherd.**—On October 19, 1953, at his home, 27, Sea Lane, Goring-by-Sea, Sussex, Douglas Robert Chaplin Shepherd, M.B., B.S., M.R.C.P.  
**Stansfeld.**—On October 24, 1953, at Brocklesbury, East Preston, Sussex, Dorothy Gales Stansfeld (formerly Parsons), L.M.S.S.A.  
**Sykes.**—On October 30, 1953, at Glenbank, Kingussie, Inverness-shire, Stanley Parkinson Sykes, M.B., Ch.B., Lieutenant-Colonel, R.A.M.C., retired, aged 67.  
**Watson.**—On November 6, 1953, at his home, The Elms, Church Street, Wellingborough, Northants, Andrew Watson, M.B., F.R.C.S.Ed.

**Any Questions?**

*Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.*

**Causes of Failure of Contraceptive Diaphragms**

**Q.**—What are the possible causes of failure of the diaphragm contraceptive cap? In the last year I have had 3 failures in 20 patients.

**A.**—The diaphragm contraceptive cap ("Dutch cap") is remarkably reliable in the experience of those who specialize in giving advice and instruction in contraception. It must, of course, be used in conjunction with an efficient spermicidal jelly, of which there are several preparations on the market.

Unaccountable failures are rare, and a failure rate of 3 in 20 cases strongly suggests some error in the fitting of the diaphragm, inadequate instruction of the patient in its use, or failure on the part of the patient to follow instructions implicitly on all occasions. It is not uncommon for a woman who conceives to deny any breakdown in technique, only to confess years later that she did in fact depart from instructions. The commonest causes for failure of an occlusive diaphragm are:

1. Incorrect placing of the cap by the patient. Many women require long and patient instruction and few can feel their cervix unless specially taught to do so. If the cervix cannot be felt by the patient a watch spring (instead of a coiled spring) diaphragm may be easier and safer to use. Even then there should be a periodic check by the doctor to make sure that she is inserting it correctly.

2. Removal of the cap too soon after coitus. There should be an interval of eight hours.

3. Use of the cap without a spermicidal preparation, or the practice of coitus several hours after its insertion without supplementing the spermicidal jelly.

4. Omission of the cap on isolated occasions; sometimes the patient even forgets she has not inserted it.

5. The cap may not fit as well as it appears to do when tested in the doctor's surgery. At that time the woman may be nervous and tense, whereas during coitus the pelvic muscles are relaxed.

6. Use of the cap in cases in which it is not suitable. The coiled-spring diaphragm, for example, is not reliable if the vaginal walls are lax and the anterior fornix is shallow; retroversion is a contraindication in certain cases.

**Abortifacient Pastes**

**Q.**—In "Pye's Surgical Handicraft" (1950, 16th edition, p. 386) *utus (formerly aretus) paste is recommended as a simple and effective way of producing abortion up to about the sixteenth week. Is this a generally held opinion? If so, of what is the paste composed, and how is it applied?*

**A.**—Abortifacient pastes of the type mentioned have been marketed on the continent of Europe, in the United States, and in Britain since about 1930. They consist essentially of alkaline soaps medicated with iodine and astringents. They have a strong haemolytic and cytolytic action, and act by chemical rather than mechanical irritation of the uterine wall. The paste is injected (through the special cannula supplied with the tubes) into the lower part of the uterus, outside the membranes, the amount depending on the duration of pregnancy. Expulsion of the ovum generally takes place 24 to 36 hours after injection. Anaesthesia is not necessary, but the injection should be made slowly, without pressure, and with due regard to asepsis. If there is any pain or bleeding the injection should be stopped at once. The method should never be used during the first